

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009266

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1994

STATE FILE NUMBER

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
St. LouisLength of stay in 1b  
10 yearsc. FULL NAME OF (If NOT in hospital, give location)  
Lutheran HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTYc. CITY OR TOWN  
St. LouisInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
8721 Halls Ferry RoadReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
BARBARA

Middle

Last  
REPP

4. DATE OF DEATH

Month Day Year  
February 21, 19635. SEX  
Female6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
11/1/719. AGE (last birthday)  
91 yrs.IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
Mutterstadt, Germany12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Peter Wetzler

13b. MOTHER'S MAIDEN NAME

Katherine

Unknown

14. NAME OF HUSBAND OR WIFE

Christian Repp

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Prof. Arthur C. Repp, #17 Seminary Terrace

18. CAUSE OF DEATH (Enter only one cause)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH  
10 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral Arteriosclerosis

5 yrs

DUE TO (c)

331 X F

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Fracture Left Hip - operatedPART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I. or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/20/63 to 2/21/63 and last saw her alive on 2/20/63  
Death occurred at 2:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Friede Mortenson M.D.

22b. ADDRESS

3701 Grandel St. St. Louis 8

22c. DATE SIGNED

2/22/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Febr.-23, 1963

23c. NAME OF CEMETERY OR CREMATORY

Concordia Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Beiderwieden F.H. Inc., 1936 St. Louis (6)

25. DATE REC'D. BY LOCAL REG.

FEB 23 1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK

OR

TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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*Dr. Fred M. Mortenson*  
*Permitted Disposition*

*12:30 to 4 P.M. X-ray  
X-rays*  
*Dec 3-44 30*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *[Signature]*  
Licensed Embalmer No. *4520*

P. O. Address *Floris, Ohio*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.